

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**In re U.S. Patent Application of**

**SHIMAMOTO *et al.***

**Application Number: 10/020,314**

**Filed: December 18, 2001**

**For: FABRICATING METHOD OF  
SEMICONDUCTOR INTEGRATED CIRCUITS**

**Attorney Docket No. HITA.0143**

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)  
) **Art Unit 2823**  
)  
) **Examiner**  
) **Nguyen, Khiem D.**  
)  
)  
)  
)

**Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

**COVER LETTER**

Sir:

[x] The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	29	29	9 (Over 20)	x \$50	0
Independent Claims	2	2	XXX (Over 3)	x \$200	0
MULTIPLE DEPENDENT CLAIM(S)				+ \$360	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28).				x ½	
				TOTAL	0.00

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

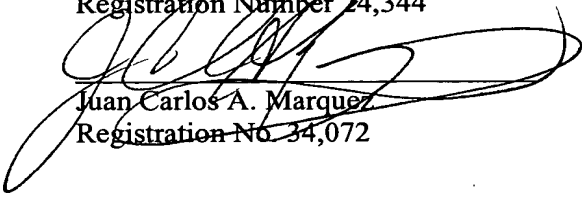
[ ] Response to Office Action  
(w/claim amendments)  
[ ] Substitute Specification  
[x] Preliminary Amendment  
[ ] Information Disclosure Statement

[x] Petition for Extension of Time (3 months)  
[ ] Terminal Disclaimer  
[ ] Letter to Draftsperson w/\_\_\_ sheets of  
replacement drawings  
[x] Request for Continued Examination

- [ ] Please charge my **Deposit Account Number** \_\_\_\_\_ in the amount of \_\_\_\_\_ to cover the fees for \_\_\_\_\_. A duplicate copy of this paper is enclosed.
- [ x ] Checks in the amount of **\$1,020.00** to cover the three-month extension fee and **\$790.00** to cover the RCE fee are enclosed.
- [ x ] The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

\_\_\_\_\_  
Stanley P. Fisher  
Registration Number 24,344

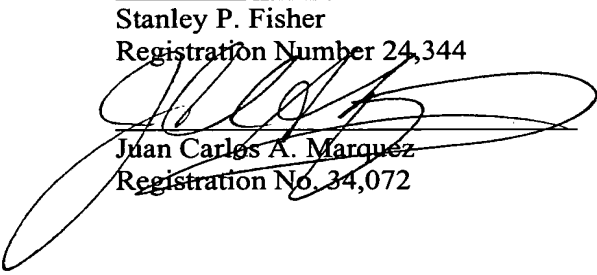
  
Juan Carlos A. Marquez  
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**REED SMITH LLP**  
3110 Fairview Park Drive  
Suite 1400  
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(703) 641-4200  
**August 9, 2006**

- [ ] Please charge my **Deposit Account Number** \_\_\_\_\_ in the amount of \_\_\_\_\_ to cover the fees for \_\_\_\_\_. A duplicate copy of this paper is enclosed.
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Stanley P. Fisher  
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